Under the Paperwork Reduction Act of 1995, his persons are required to respond to a coflection of knormation unless it displays a yallo OMB control number. Substitute for Form PTO-878 Application of Dooker Number APPLICATION AS FILED - PARTI (Oolumn 1) OTHER THAN (Colymn 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BABIO FEE RATE (\$) FEE (\$) 187 OFR 1.15(a).(b); or (c)) . N/A RATE (\$) NA FEE (\$) SEARCH FEE · N/A MA (17 CFR. 7.16(V), (0), or (my) NIA NIA EXAMINATION FEE (9) AVA. N/A AVA WA: AYA TOTAL CLAIMS NA 197 CFR 1.16(1) minus 20 = INDEPENDENT GLAIMS EB = (37. OFR 1.16(N)) 50 OR minus 3 = x 105 = If the specification and drawings exceed 100. × 200 = sheets of paper, the application size fee due APPLICATION SIZE is \$260 (\$130 for small enlily) for each additional 50 sheets or traction thereof. See FEE (37 CFR 1.18(\$)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE, DEPENDENT CLAIM PRESENT, (37 CFR 1.16(1)) 185 370 If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) · (Column 3) OTHER THAN. SMALL ENTITY CLAIMS . REHAINING HIGHEST NUMBER PREVIOUSLY SMALL ENTITY PRESENT AFTER THEMOMENT RATE (\$). -ADDI-EXTRA RATE (\$) ADDI-PAID FOR TIONAL FEE (\$) profession TIONAL Minus FEE (\$) Independent Profit Liffy x 25 ÖR Minus x.50 Application Size Fee (37 CFR 1.16(5)) $\times 105 =$ 210 = **OR** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16()) 185 370 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE (Column 1) (Column 2) (Columnia) CLAIMS HIGHES! RÉMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY EXTRA ADDI-AMENDMENT: RATE (\$) ADDI-TIONAL PAID FOR profit Light TIONAL FEE (\$) . Minus FEE (\$) . hatependent. Minus x 50 OR Application 8 te Fee (37 CFR-1.16(s)) x 10.5 == x 210 = OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (87 OFR 1.16(1)) IBS 165 OR JATOTAL total Add'i fee ADDILFEE OR K the entry in column't is less than the entry in column 2, withe or to column's. I the Highest Number Pteylously Pald For IN THIS SPACE is less than 20, enter 20. If the Highest Number Preyously Paid For IN THIS SPACE Bless than a enter 34 The Highest Humber Preylously Paid For Molal or Independent is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the inclinding managing and authority the public which is to file (and by the inclinding managing and authority the complete inclination of the inclination of th Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Ohiel Information Officer, U.S. Palent Annuage CENT TO Commission for Details to Commission Officer, U.S. Palent Annuage CENT TO Commission of Commerce, P.O. Box 1450, Alexandra, VA 22313-1450, DO NOT SEND FREE OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22818-1450. you need assistance in completting the form, ball 1-800-PTO-8188 and select option 2.